



**Client Ethnicity:**

- ☐ White/Caucasian
- ☐ Hispanic
- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Filipino
- ☐ Native American
- ☐ Other
- ☐ Unknown

CLIENT NUMBER [REDACTED] 0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z																												<b>Client Ethnicity:</b>			
Grid of circles for client number																												<input type="radio"/> White/Caucasian <input type="radio"/> Hispanic <input type="radio"/> African American <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Filipino <input type="radio"/> Native American <input type="radio"/> Other <input type="radio"/> Unknown			
<b>Client Age</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>				<b>Client's Gender</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown				<b>Project Code</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>				[REDACTED]										<b>Marital History</b> <input type="radio"/> Currently Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Current Live-In Relationship/Significant Other/Same Sex Relationship <input type="radio"/> Never Married <input type="radio"/> Unknown									
1 ○○ 2 ○○ 3 ○○ 4 ○○ 5 ○○ 6 ○○ 7 ○○ 8 ○○ 9 ○○ 0 ○○				<b>Assessment Type</b> <input type="radio"/> Admission <input type="radio"/> Semi-Annual <input type="radio"/> Discharge <input type="radio"/> Refused to Participate <input type="radio"/> Screened Out				1 ○○○○ 2 ○○○○ 3 ○○○○ 4 ○○○○ 5 ○○○○ 6 ○○○○ 7 ○○○○ 8 ○○○○ 9 ○○○○ 0 ○○○○				1 ○○○○ 2 ○○○○ 3 ○○○○ 4 ○○○○ 5 ○○○○ 6 ○○○○ 7 ○○○○ 8 ○○○○ 9 ○○○○ 0 ○○○○																			
<b>Client's Primary Mental Health Diagnosis</b> <input type="radio"/> Schizophrenia and other Psychotic Disorders <input type="radio"/> Mood disorders (i.e., major depressive or bipolar disorders) <input type="radio"/> Anxiety/Other Diagnoses <input type="radio"/> None														<b>Substance Abuse Diagnosis</b> <input type="radio"/> Problems With Alcohol <input type="radio"/> Problems With Drugs <input type="radio"/> Problems With Both Alcohol and Drugs <input type="radio"/> Not Applicable - No Alcohol or Drug Problems																	
<b>① Client's Special Needs:</b>														<b>② History of Chronic Physical Health Problems</b>																	
														Yes		No															
a. Severe and persistent mental illness														○		○		<input type="radio"/> Minor chronic physical health problems that cause minimal impairment in functioning (e.g., mild asthma, epilepsy, hearing problem corrected with a hearing aid).													
b. Substance abuse problem														○		○		<input type="radio"/> Moderate physical health problems which cause some difficulty in functioning (e.g., moderate hypertension, mild cerebral palsy; problem requires medical follow-up several times a year).													
c. Developmental disabilities														○		○		<input type="radio"/> Serious chronic physical health problems which causes serious impairment in mobility, speech, vision, etc, despite use of glasses, hearing aids, etc.													
d. Physical Disabilities (e.g., quadriplegic, blind)														○		○		<input type="radio"/> Major physical health problems - confined to bed or wheelchair most of the time (e.g., advanced cancer, cerebral palsy).													
e. AIDS														○		○		<input type="radio"/> Not Applicable - no chronic physical health problem													
f. TANF client														○		○		<input type="radio"/> Unknown													
g. Foster care client aging out of foster care														○		○															
h. Exiting jail/prison														○		○															
i. Other: <div style="border-bottom: 1px solid black; width: 100%;"></div> (please specify)														○		○															

Client I.D.

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**3. History of Homelessness:**

- ☐ Currently at risk for homelessness
- ☐ Homeless, first experience, homeless less than one year
- ☐ Homeless, homeless several times before
- ☐ Homeless for long period of time (i.e., more than one year)
- ☐ Never homeless
- ☐ Unknown

**4. History of Mental Health Treatment**

- ☐ No history of treatment despite presence of mental illness
- ☐ Some experience with mental health services
- ☐ Prior hospitalization or inpatient services
- ☐ Lengthy experience with Mental Health services, but no hospitalization
- ☐ Lengthy experience with Mental Health services, including hospitalization
- ☐ Not applicable - no mental health problem
- ☐ Unknown

**5. History of Substance Abuse Problems**

- ☐ Minor substance abuse problems, no treatment history
- ☐ Serious substance abuse problems, no treatment history
- ☐ Substance abuse problems with some involvement in a treatment program
- ☐ Substance abuse problems with repeated involvement in treatment programs
- ☐ Not Applicable - No substance abuse problems
- ☐ Unknown

**6. Criminal History**

- ☐ Minor arrest history - nuisance offenses (drunk, disturbing peace, etc.)
- ☐ Several arrests (misdemeanor) and time spent in jail
- ☐ Serious arrests (felony) and spent time in jail/probation
- ☐ Serious arrests (felony) and spent time in state prison
- ☐ Not Applicable - No involvement with the criminal justice system
- ☐ Unknown

**7. Employment History**

- ☐ Minimal employment history (e.g., a few part time jobs, or one full time job)
- ☐ Sporadic work history (e.g., mixture of full time jobs or part-time jobs and periods of unemployment)
- ☐ Substantial work history (e.g., worked several years at a full time job, or several full time jobs in the same field)
- ☐ None (never employed)
- ☐ Unknown

Client I.D.

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**8. Client Employment Status (choose one)**

- ☐ Client is employed in the competitive job market  
If yes, approximately how many hours per week:  
  - ☐ Less than 35      ☐ 35 or more
- ☐ Client is employed in the noncompetitive job market (sheltered workshop, protected environment)  
If yes, approximately how many hours per week:  
  - ☐ Less than 35      ☐ 35 or more
- ☐ Client is not in the job market. Client is (choose one)
  - ☐ Actively looking for work
  - ☐ Homemaker
  - ☐ Student
  - ☐ Volunteer Worker
  - ☐ Retired/on disability
  - ☐ Resident/inmate of institution
  - ☐ Other
  - ☐ Client employment status is unknown

**9. Services client has received from this Supportive Housing Project since the last assessment (if admission assessment, skip this section):**

- ☐ Housing Services
- ☐ Referral to community mental health services
- ☐ Screening and diagnostic services
- ☐ Referrals to drug/alcohol treatment services
- ☐ Client declined any services
- ☐ Case Management services
- ☐ Planning for/referral to housing
- ☐ Assistance in applying for housing
- ☐ Helped client obtain housing (e.g., assistance in filling out lease agreement; help w/deposit)
- ☐ Assistance in maintaining housing (e.g., assistance to prevent eviction)

Client I.D.

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**10a.** Client's Previous Living Situation  
(Select code from list below)  
(If admission, skip this item)

**10b.** Client's Current Living Situation  
(select code from list below)

- A House or apartment (include trailers, hotels, dorms, barracks, etc.)
- B House or apartment and requiring some support with daily activities
- C House or apartment and requiring daily support and supervision
- D Supported housing
- E Foster family home
- F Group Home (includes levels 1-12 for children)
- G Residential Treatment Center (includes levels 13-14 for children)
- H Community Treatment Facility
- I Board and Care
- J Adult Residential Facility, Social Residential Facility, Crisis Residential, Traditional Residential, Drug Facility, Alcohol Facility
- K Mental Health Rehabilitation Center (24 hour)
- L Skilled Nursing Facility/Intermediate Care Facility, Institute of Mental Disease (IMD)
- M Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veterans Affairs Hospital
- N State Hospital
- O Justice related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
- P Homeless, no identifiable residence
- Q Other
- U Unknown/Not reported

**11a.** Previous Tenancy Status  
(at time of last assessment; if admission, skip this item)

- ☐ Continuing
- ☐ Evicted due to lease violations
- ☐ Left voluntarily
- ☐ Other
- ☐ Unknown

**11b.** Current Tenancy Status  
(at time of this assessment)

- ☐ Continuing
- ☐ Evicted due to lease violations
- ☐ Left voluntarily
- ☐ Other
- ☐ Unknown

Client I.D.

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